2005 FOR PROFIT CORPORATION REINSTATEMENT

, KEINSTATEMENT					7 5-11	
DOCUMENT # P03000046180					FILED	
1. Entity Name					05 FFP 16	
TOTAL REMEDIATION, INC.			18		05 FEB 16 AH 11: 44	
				N. P.	TALLIN	
Principal Place of Business Mailing Address				DE	NS ATEMENT BY LORDS	
3018 HORATIO S		3018 HORATIO STREET			INO THE PROPERTY OF THE PROPER	
TAMPA, FL 33609 TAMPA, FL 33609					•	
Principal Place of Business 3. Mailing Address						
Suite, Apt. #, eti	^	Suite, Apt. #, etc.				
Suite, Apr. #, et	Suite, Apr. #, etc.	Suite, Apr. #, etc.		61122005 REIN-P CR2E098 (6/04)		
City & State		City & State			4. FEL-Humber 77 7 / M/ Applied For	
					O-030 Q/65 Not Applicable	
Zip Country Z		Zip Country			5. Certificate of Status Desired \$8.75 Additional Fee Required	
6	i. Name and Address of Current I	Registered Agent			7. Name and Address of New Registered Agent	
Name						
MARSHALL, E	BRIAN		Si	treet Address ((P.O. Box Number is Not Acceptable)	
3018 HORATIO STREET				Silvet Address (1.0. Box Number is not Acceptable)		
TAMPA, FL 3						
			С	ity	FL Zip Code	
8. The above nam	ned entity submits this statement n	the ourgose of changing its	registered o	lfice or register		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.						
1/24/05						
SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$900.00						
10.	OFFICERS AND	DIRECTORS Delete	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME PID	Brian Marshall Bols Horaxio St	l cert	TITLE NAME		☐ Change ☐ Addition	
STREET AUTORESS	60/8 HUIYEN 3C	PID	STREET AD	ODRESS	700047542097 03/02/0501007004 **900,00	
CITY-ST-ZIP 7	ranga, F1 33609		CITY-ST-2	ZIP	03/02/03~01001~004 **300,00	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS			NAME STREET AD	NUBECC	•	
CITY-ST-ZIP			CITY-SI-	į.		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME		34,000	NAME			
STREET ADDRESS	-		- STREET AC	ì		
CITY-ST-ZIP			CITY-ST-2	ar		
TITLE NAME		☐ Detete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS			STREET AD	ORESS		
CITY-ST-ZIP			CITY-ST-2	ZIP		
TITLE	, 11.12.184.1134.1	☐ Delete	TITLE		Change Addition	
NAME 677FFT ADDOTES			NAME	onere .		
STREET ADORESS CITY-ST-ZIP			STREET AD	1	1	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME		<i>3666</i>	NAME		- Statilion	
STREET ADDRESS			STREET AC			
CITY-ST-ZIP			CITY-ST-			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director						
of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other 160 empowered.						
SIGNATURE: //24/7005 //3.353.030						
	BIGNATURE AND ITPED OR P	THE PROPERTY OF SIGNING OFFICER C	N DIKEL TOR-		* Date / Daytime Phone #	